| | | Schedule 9 A | | | | |
|---|--------------------------|-------------------------|-------------------|---------------|-----------------|--|
| | Cash Fund Sta | atus for: Dental Loan R | epayment Fund 434 | | | |
| Section 25-23-104 C.R.S. | | | | | | |
| | Actual 05-06 | Actual 06-07 | Estimate 07-08 | Request 08-09 | Projected 09-10 | |
| Beginning Balance | \$44,088 | \$45,750 | \$46,131 | \$46,131 | \$46,131 | |
| Exempt Revenue | \$201,274 | \$200,000 | \$200,000 | \$200,000 | \$200,000 | |
| Non-Exempt Revenue | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Total Expenditures | \$199,612 | \$199,619 | \$200,000 | \$200,000 | \$200,000 | |
| Ending Balance | \$45,750 | \$46,131 | \$46,131 | \$46,131 | \$46,131 | |
| Reserves Increase/Decrease | \$1,662 | \$381 | \$0 | \$0 | \$0 | |
| | | | | | | |
| | | Fee Levels | | | | |
| | Actual 05-06 | Actual 06-07 | Estimate 07-08 | Request 08-09 | Projected 09-10 | |
| None | None | None | None | None | None | |
| | | | | | | |
| | | Cash Fund Reserve Ba | | | | |
| | Actual 05-06 | Actual 06-07 | Estimate 07-08 | Request 08-09 | Projected 09-10 | |
| Uncommitted Fee Reserve Balance (total reserve balance minus exempt assets and previously appropriated funds; calculated based on % of revenue from fees) | N/A | N/A | N/A | N/A | N/A | |
| Target/Alternative Fee Reserve Balance (amount set in statute or 16.5% of total expenses) | N/A | N/A | N/A | N/A | N/A | |
| Excess Uncommitted Fee Reserve Balance | N/A | N/A | N/A | N/A | N/A | |
| Statutory Deadline for Complying with the T | arget/Alternative Reserv | e Balance | <u>.</u> | <u>.</u> | | |
| | | | | | | |

| | Schedule 9 A | | | | | | | | | |
|---|---|---|--|--|--|----------------------------|--|------|--|--|
| Cash Fund Status for: Dental Loan Repayment Fund 434 Section 25-23-104 C.R.S. Cash Fund Narrative Information | | | | | | | | | | |
| | | | | | | Purpose/Background of Fund | "Loan repayment assistance": financial assistance in paying all or part of the principal, interest, and other related expenses of a loan for professional education in either dentistry or dental hygiene, whichever is appropriate. | | | |
| | | | | | | Fee Sources | None | None | | |
| Non-Fee Sources | Annual appropriation from the tobacco set | Annual appropriation from the tobacco settlement money. | | | | | | | | |
| Long Bill Groups Supported by Fund | Prevention Services Division - Rural and F | Prevention Services Division - Rural and Primary Care, Dental Programs | | | | | | | | |
| Statutory or Other restriction on Use of Fund | professionals. Moneys in the fund may als department of public health and environment | Moneys in the fund shall be used to provide loan repayment assistance to eligible dental professionals. Moneys in the fund may also be used to pay for the administrative costs of the department of public health and environment to implement the loan repayment program except that administrative costs shall not exceed ten percent. | | | | | | | | |
| Revenue Drivers | Program appropriation limited at \$200,000 | Program appropriation limited at \$200,000 annually | | | | | | | | |
| Expenditure Drivers | Number of participants in the program and | Number of participants in the program and loan repayments funded | | | | | | | | |
| Assessment of Potential for Compliance | Already in compliance | Already in compliance | | | | | | | | |
| | ■ Already in Compliance | ☐ Statute Change ¹ | | | | | | | | |
| Action | □ Planned Fee Reduction¹ | ☐ Planned One-time Expenditure(s) ¹ | | | | | | | | |
| | ☐ Planned Ongoing Expenditure(s) ¹ | ☐ Waiver ² | | | | | | | | |
| If plan is needed to meet compliance deadline, attach Form | 9.B. 2. If pursuing a waiver, attach Form 9.C. | | | | | | | | | |